



## Cancellation Request / Membership & Payroll Deduction

☐ County Employee Payroll Member   
 ☐ County Employee Pay-By-Check Member   
 ☐ Non-County Employee Member

Please fill out this form completely in order to ensure that your request is handled in a timely fashion. This form will serve as your *request for membership cancellation* at the Miami-Dade County Employee Wellness Center. You may be contacted for further feedback. Cancellation will be processed according the criteria outlined in the New Membership Agreement.

Member's Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, with Employee Number \_\_\_\_\_, hereby request that my membership be canceled at the Miami-Dade County Employee Wellness Center, **30 days from the date this cancellation request is received at the Center management office.** I will adhere to the club's cancellation policies and will fulfill any outstanding financial obligations through my expiration date. I understand that if I do not or can not provide proper verification to end my membership the membership will continue until I have satisfied my agreement with Miami-Dade County Employee Wellness Center and I am eligible to end my obligation.

### Reason for Cancellation: (Please check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Cancelled due to Club's Occupancy Limit<br><input type="checkbox"/> My job is being transferred out of the area<br><input type="checkbox"/> I do not have enough time / motivation to visit the club<br><input type="checkbox"/> Medical reason with documentation<br><input type="checkbox"/> I am dissatisfied with the club. (please provide feedback using the back of this page or by calling 305 375-3910)<br><input type="checkbox"/> Other / Please explain: _____ | <input type="checkbox"/> Relocation of residence<br><input type="checkbox"/> I am unable to afford membership<br><input type="checkbox"/> School<br><input type="checkbox"/> Joined another health club |
|---|---|

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wellness Director: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Expiration Date: \_\_\_\_\_ Last Bill Date: \_\_\_\_\_

Access bar code / Card ID # \_\_\_\_\_  
 (Staff, please collect access card / bar code from member and deactivate it from the system)

The Employee Wellness Center is managed by New Fitness Concepts under the supervision of the General Services Administration Department. Please direct all inquiries to the Club's Management Team or to GSA / Facilities Management Division.